Complete and mail this form, together with ap ole fees, to:  Box ISSUE FEE Assistant Commiss Washington, D.C. 26	loner for Pate B \$242 - Celes 0231  B \$301 - 30
MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks through 4 should be completed where appropriate. All further correspondence including the Issue Fer Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" formaintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  DARBY & DARBY  SUS THIRD AVENUE	wote: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.
NEW YORK NY 10022	DWIGHT B FECK (Depositor's name)
THE TRACE	(Signature) (Date)
*UCATION NO: FILING DATE TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT DATE MAILED
/ 08/594,175 01/31/96 025 KISHOR	E, G 1615 08/05/98
First Named Applicant WATKINS, DAVID C.	
TTLE OF NVENTION LIPID VESICLES FORMED WITH ALKYLAMMONIUM	
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE	SMALL ENTITY SAME FEE DUE DATE DUE
1 424-450.000 H49 UTIL	ITY YES \$660.00 11/05/98
Use of PTO form(s) and Customer Number are recommended, but not required.  (1) the names attorneys or a stronge of correspondence Address form PTO/SB/122) attached.	on the patent front page, list of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a gistered attorney or agent) sof up to 2 registered patent gents. If no name is listed, no brinted.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. Recorded: 1/31/96 REEL/FRAME 7861/0349  (A) NAME OF ASSIGNEE  COLLABORATIVE LABORATORIES, INC  (B) RESIDENCE: (CITY & STATE OR COUNTRY)	4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  XX Issue Fee  XX Advance Order - # of Copies 10  4b. The following fees or deficiency in these fees should be charged to:  04-0100
EAST SETAUKET, NEW YORK Please check the appropriate assignee category indicated below (will not be printed on the patent)	DEPOSIT ACCOUNT NUMBER 04-0100 (ENCLOSE AN EXTRA COPY OF THIS FORM)  XX Issue Fee
☐ intrividual	XX Advance Order - # of Copies 10
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application (Date)  Anne Fig. 17.1 From Ph. D. Reg No. 1. 1. 39.1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	11/13/1998 CASHDY 00000157 08594175  93 EE:248 660.00 dp
Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20281. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection	

PART B-ISSUE FEE TRANSMITTAL